INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

		Family Size	Need Standard
a.	Adult Included (AI)	2	\$ 994
		3	1118
		4	1242
		5	1366
		each additional	124
b.	ANI	1	\$ 545
		2	669
		3	793
		04	917
		each additional	124
c.	UP/INCAP	2	\$ 994
	Parent	3	1118
		4	1242
		5	1366
		each additional	124
d.	Single Adult		\$ 622

2. Pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act:

Federal Poverty Guidelines For Pregnant Women		
185%		
Effective beginning 4/1/00		
Family Size	Income Level	
1	\$ 1,608	
1	2,168	
3	2,728	
4	3,287	
5	3,847	

TN No. 000-04 Approval Date 9-26-60 Effective Date April 1, 2000

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A FEBRUARY 1992 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ALASKA	
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INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-01Supersedes
TN No. 91-13Approval Date 4/29/92Effective Date 1/1/92

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY GUIDELINE

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a.	based on the following perc	ent of the officia	ii rederai income	e poverty level:

Eff. Jan 1, 1989: ____ 85 percent ____ percent (no more than 100)

Eff. Jan 1, 1990: ____ 90 percent ___ percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels

Federal Poverty Guidelines for QMB		
100% Effective beginning 4/1/00		
Family Size	Income Level	
1	\$.870	
2	1172	

AUGUST 1991 Page 7 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ALASKA INCOME ELIGIBILITY LEVELS (Continued) QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY С. LEVEL SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI Based on the following percent of the official Federal income poverty level: Eff. Jan. 1, 1989: // 80 percent // _____ percent (no more than 100) Eff. Jan. 1, 1990: // 85 percent /// _____ percent (no more than 100) Eff. Jan. 1, 1991: // 95 percent // _____ percent (no more than 100) Eff. Jan. 1, 1992: 100 percent b. Levels: Family Size Income Levels

Approval Date 4/10/92

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

10/1/91

Effective Date

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Supersedes

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(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	ALASKA		·
D. MED	ICALLY NEEDY	INCOME LEVELS (C	ontinued)	
	Applicable to a	all groups		
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10071/	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.10071/
/	urban & rural			
1	<u> </u>	s		<u> </u>
2	\$	s	<u> </u>	\$
3	\$	<u> </u>	\$	\$
4	\$	\$	\$	\$
_For ea addi- tional person, add:	\$	\$		
pay			g from its claim fo whose income excee	
my Na	9112			·
TN No. Superse TN No.	des Approve	al Date <u>4//0/92</u>	Effective Dat	e <u>/0///9/</u>
			HCFA ID: 798	35E